

Sign Out
Edit
View
Format
Chat/Help

Continue
Photo
Chart Details

McKee Young, Danny Rey
10000106

Patient's Name
37 Yrs
Patient's ID

DOB 12/22/1985

Anaphylactic Reaction Reported
Patient Reviewed Demographics

Patient Information

*Name (F,M,L,Suffix)

Homeless Address

Bad Address County

Sample City, State, Zip

Chart NM Country US

Best Phone Home Phone

Home Work Cell Cell Phone

Work Phone ext

Patient Status Active Inactive Pending

API

Appt Reminders via: Email Text Message Phone Message

Employment Status

School or Employer

Grade

Marital Status

Sexual Orientation

*Ethnicity

Ethnicity 2

Religion

Annual Household Income

Family Size

Veteran Y N

*Race

Race 2

*Preferred Language

Disability

Insurance Information

*Date of Birth Age:

Unique Patient ID

*Gender [more](#)

Refer to patient as

SSN #

Other Names

Alt. Patient ID

Previous Address

Other Contacts

*Date of Entry

[Extra Privacy](#)

Room: MAR API

Patient's Condition

Date Of Current Illness Onset Date Of Similar Illness

Date of Current Admission: From To Admitting DX

Dates Unable To Work: From To

Condition Related To Employment? Yes No

Condition Related To Auto Accident? Yes No

Condition Related To Other Accident? Yes No

State Of Accident

In treatment Previously? Y N If yes, where?

Date Of Death Preliminary Cause

Release Appropriate Adv. Dir.

Patient Miscellaneous Notes

[Custom Fields](#)